

**VOLUNTARY WITHDRAWAL**

Instructions: If you wish to withdraw your Request for Hearing, please complete and sign this form and return it to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875.

I am no longer interested in a review hearing regarding\_\_\_\_\_.

Therefore, I hereby withdraw my request dated \_\_\_\_\_ submitted to the Division of Hearings and Appeals.

Case No. \_\_\_\_\_ Signature: \_\_\_\_\_  
County: \_\_\_\_\_ Date: \_\_\_\_\_

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